

OFFSET/THERMOGRAPHY ORDER FORM

STOCK	QUANTITY	DEALER NAME	ACCT.#
		ADDRESS	
PRINT PROCESS		CITY,STATE,ZIP	
<input type="checkbox"/> THERMOGRAPHY <input type="checkbox"/> FLAT/OFFSET <input type="checkbox"/> LASER SAFE THERMOGRAPHY		PHONE _____ FAX _____	
ITEM		PURCHASE ORDER _____ EMAIL ADDRESS _____	
INK COLOR		SHIPPING INFORMATION <input type="checkbox"/> BCT Route <input type="checkbox"/> Pick Up <input type="checkbox"/> Drop Ship	
<input type="checkbox"/> BUSINESS CARDS <input type="checkbox"/> 2 SIDED BUSINESS CARDS <input type="checkbox"/> LETTERHEADS <input type="checkbox"/> ENVELOPES <input type="checkbox"/> ANNOUNCEMENT # _____ <input type="checkbox"/> ANNOUNCEMENT ENVELOPE COMMERCIAL ENVELOPES AVAILABLE IN WHITE ONLY <input type="checkbox"/> #6 3/4 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> WINDOW CATALOG ENVELOPES <input type="checkbox"/> 6X9 <input type="checkbox"/> 9X12 <input type="checkbox"/> 10X13		SHIP TO _____ <input type="checkbox"/> UPS Ground _____ <input type="checkbox"/> Next Day Air _____ <input type="checkbox"/> 2nd Day Air _____ <input type="checkbox"/> Local Courier	
<input type="checkbox"/> BLACK <input type="checkbox"/> RED #185 <input type="checkbox"/> REFLEX BLUE <input type="checkbox"/> PROCESS BLUE <input type="checkbox"/> BROWN #464 <input type="checkbox"/> BURGUNDY #201 <input type="checkbox"/> GRAY #423 <input type="checkbox"/> GREEN (DARK)* #342 <input type="checkbox"/> GOLD #873 <input type="checkbox"/> TEAL #320 <input type="checkbox"/> PMS# _____ <i>Specialty Inks \$20 Premium</i> <input type="checkbox"/> Violet <input type="checkbox"/> Green #361 <input type="checkbox"/> Orange #165 <input type="checkbox"/> FOIL _____		BCT Payment by Credit Card <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Card Holder Name _____ Card Number _____ Expiration _____ Signature _____	

SPECIAL INSTRUCTIONS

INDICATE MAINLINE WITH ARROW	TYPE STYLES	LAYOUT/GRAPHICS	SUPPLIED ART	PROOF REQUIRED	INDICATE COLOR
	Mainline _____	Artchive # _____	<input type="checkbox"/> Camera Ready Black & White <input type="checkbox"/> Disc Attached* <input type="checkbox"/> Email Sent* <small>*PLEASE NOTE FILE NAME & FORMAT IN SPECIAL INSTRUCTIONS BOX</small>	<input type="checkbox"/> Fax Copy <input type="checkbox"/> Email pdf Please note fax number or email address in dealer info area above.	
1	Body Copy _____	Design Idea _____			
2		Logo _____			
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

1. Print copy clearly above in proper sequence and in approximate position.
2. Indicate MAINLINE or largest type line with an (-) in left column.
3. If TWO (or more) INK COLORS are used mark color of each line in column at right.
4. Attach previously printed sample if possible and mark changes wanted.
5. All copy will be set in Helvetica Medium unless otherwise specified. (Mainline Caps 12pt. Body Copy 8pt. U/L Proper Names in Caps)

DATE
CUSTOMER APPROVAL
SALESPERSON
DEPOSIT

ATTACH SAMPLE CARD HERE

Mark any unwanted or incorrect information off of the sample card. In the space provided above enter only the changes or additions in their correct position.

BCT USE
Order Number